MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8091 CE

CERTIFICATE OF DEATH

08072

Reg. Dist. No.

o, COUNTY	Kent		MARY	LAND	o. STATE ME	arylan		lived. If institut b, COUNTY			e odmiss	sion)
b. CITY OR TOWN RURAL and give Chestert			ength of stay	IN 16		own (If our	ide corpor	ote limits, write I	RURAL and	give nea	rest fowi	n)
OR INSTITUTION	en Anne's Ho				d. STREET AD	DRESS				Í	ONA	FARM?
NAME OF DECEASED (Type or print)	Arthu		Middle Howard		rice Loss	4	OF DEATH	Mo 7	nth	25		Yeor 60
Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRI		2/8/86			9. AGE (In years lost birthday) 74 yrs	Months	Days	Hours	ER 24 HRS. Min.
On. USUAL OCCUPAT during most of we	ION (Give kind of work or brking life, even if retired)		of Business of			CE (State or yland	foreign co	untry)		U.S.		COUNTRY
3. FATHER'S NAME	Harvey Bri	38			14. MOTHER'S A	AAIDEN NAA						
S. WAS DECEASEDEN	VER IN U. S. ARMED FOR	ervice)	36 1538		Wife), I	Halli e	Bric		erton	, Md	•	
	ony, which (b immediate DUE TO	Gene	bral va	scul						ONS	ET AND	days
PART II. O	THER SIGNIFICANT CON Uremia du Uremia d	to r		suff	icienc	y due	to	chroni			YES [NO 🔀
20c. TIME OF INJ Hour 6, m	10	While at work	Not while of wark		E OF INJURY (Herry, street, office (20f. (City	or lown)	((County)		(Stote)
actual SIGNATURE	HARRY PAUL	L ROSS		S_M	Ch	0:00p 3-N. ester	M, fram poress (Sin	the causes reet, city or town	and on (stote) et	the dat	le stat	ed obove ATE SIGNE y 26,
	" 7-28	-60	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	-		- Con.) /			- 00	A		

Progression of the haspital or attending physician.

From the Director of the haspital or attending physician and completely filled by the funeral director, poge 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE VS A1S (4) 1SM 9/55

ALCOHOLD . A SUM EL STOCK AND TO A SUR X Will be a second mental state 1 . . . -tJ ellest AS 36 1995 | Mars, Willy arten, terr star, M. with the subject of t the second of th the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the section of the section is a section of the section of t STEEL MAN THE MAN OF THE CA.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
8092	CERTIFICATE	OF	DEATH		Re

08073 Reg. Dist. No.

	W. G. C. St. 1001
6. COUNTY MARYLAND 0. 5	JAL-RESIDENCE (Where deceased lived. If institution, Residence before admission) TATE Dayland and b. COUNTY List
RURES only give neglest lower	CITY OR TOWN (If Russide sorporote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION OF THE STATE OF THE	Maple and Is residence on a FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Cla Valliant of	Mapman July 14 Day Year Death July 14 19 CO
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE WIDOWED DIVORCED GO	of Birth Of Bir
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (NDUSTRY 11 during most of working life, even if retired)	BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? L. S. A.
13. FATHER'S NAME S. Vallant 1	Mary T. Faithful - 01-1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. R. INFORMAL (You. no. or unknown) If you, give mor or dotten of services No. N. e. Yam	es Whapman Balto 12 me
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
204 DUE TO	
gove rise to immediate couse (a), storing the under DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	nature of injury in Port 1 or Port II of item 18.}
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work 19 at work 11 at work 12 at work 12 at work 12 at work 13 at work 14 at work 15 at	INJURY (Home, form, 20f. (City or town) (County) (State) eet, affice bldg., etc.)
21. I certify that I attended the deceased from 20, alive an 2-14, 1960, and that death accur	1960, to Only 17, 1960, that I last saw the deceased red at 1/27DM, from the causes and on the date stated above.
ACTUAL SIGNATURE OLESTIC M.D.	Chestertown, Md 7-156
PHYSICIAN'S A.C. DICK	
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATERY OF CEMETERY OF CREMATERY OF CREM	ATORY / 22d. LOCATION (City, town, or county) (State)
25. FUNERALDIRECTOR'S STONATURE ADDRESS A	mitay Cherfulne and
25 TO	b. CITY OPTOWN (II of side copporate limits, write c. LENGTH OF STAY IN 1b RURK of deficient negres t-town of the part of the stay in 1b RURK of deficient negres t-town of the stay in 1b RURK of deficient negres t-town of the stay in 1b RURK of deficient negres t-town of the stay in 1b RURK of deficient negres t-town of the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of deficient negres to the stay in 1b RURK of the stay in

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CERTIFICATE OF DEATH

	0001				Kadi Dizir I40	
1. PLACE OF DEATH K	ent	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institute and b. COUNT		re admission)
B. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16 .	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give ner	orest town)
d. NAME OF HOSPITA OR INSTITUTION	S. College		d. STREET ADDRESS	College Ave		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sylvester !	Theodore Gat	lost	- 05	22, 1960	Year
s. SEX male	7 * * 1	RRIED NEVER MARRIED A	Feb. 2, 19	9. AGE (In year iast birthdoy) 51 yr	Months Days	Hours Min.
10a. USUAL OCCUPATIO during most of work Truck Dri 13. FATHER'S NAME		b. KIND OF BUSINESS OR INDU	Talbot	Co. Maryland	- lies	F WHAT COUNTRY?
Spencer	Gable		Unknow		tertown,	Ma
15. WAS DECEASED EVER [Yes, no, or unknown]	IN U. S. ARMED FORCES? 1.		rformant TS. Edw. Co	ollins 103	Colle	ge Ave
Canditions, if an gave rise to in cause (o), stating t lying cause lost.	nmediate he under- (c) (c)	physema, obst	ructive NOT RELATED TO THE TERM	AINAL DISEASE CONDITION G		3 years
	☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)		PERFORMED? YES NO
US (IF EITHER, NOTIFY I	Month, Day, Year 20d.	£_	ACE OF INJURY (Home, for ctory, street, office bldg., et		(County)	(State)
alive an	Het Wood	60 , and that death		PM, from the couses of ADDRESS (Street, city or town, Md.		
220. BURIAL, CREMATION REMOVAL (Specify)	7/25/60	22c. NAME OF CEMETERY OF Chester Ce		22d. LOCATION (City, lower Chesterton		(Stote)
23. FUNERAL DIRECTOR'S		Chestertov	24n REC		GISTRAR'S SIGNATU	RE

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 Spletely, may trained by the haspital or attending physician.

S FUN A DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remave carban for the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after decorbed. TO FUN

VS A15 (4) 15M 9/5B

ANT 16 TO SEE STATE OF THE SECOND SEC CONTRACTOR TANGET SECURITY SEC the transport to the light to the second of the second the definition of the contract Gor Phiconale almoster to least the power Manhyerena, ohetrhetiwe ot loust is your

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AND COMES

		MARYLAN 8099	ND STATE DEPARTA	AENT OF HEALT		RE, 18	nD807	6
1.	PLACE OF DEATH a. COUNTY	K ent	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If in the stand of the stand of the stand of the standard bull	nstitution: Residence	before admission)
	B. CITY OR TOWN RURAL and give	(If outside corporate limits, where I lown) ROCK SVILLE	Lifetime	C. CITY OR TOWN III	corporate limits,	write RURAL and giv	re negrest town)	
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give since at home	treet address)	d. STREET ADDRESS E de	esville		e. IS RESIDE ON A FA YES \ N	ARM?
3.	NAME OF DECEASED (Type or print)	Berth	Middle	Harris	4. DATE OF DEATH Jul	y 22, 1	960 19	ır
	emale	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DOWED DIVORCED	h . A 300	9. AGE (In inst birth	years IF UNDER 1 Months D	YEAR IF UNDER 2	Min.
	House	ION (Give kind of work dane rking life even if retired) WITE PEUTP	106. KIND OF BUSINESS OR IND $ ilde{f d}$	Kent Co.	Maryland	12.CITIZE	USA	INTRY?
13.	Jame	s Wickes		14MOTHER'S MAIDEN	eth Braoks	3		
15	WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Mary Johnson	n Rock Ha	Address		
CERTIFICATION	Conditions, if gave rise to cause (a), stating lying cause last	the under-	Heffers	LEVINOT RELATED TO THE TER	Hyperte		PERFORM	TOPSY AED?
MEDICAL CERTIFI	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED Od. INJURY OCCURRED While Not while the of work of the of t	RED. (Enter nature of injury in PLACE OF INJURY (Home, fa actory, street, office bldg., e	rm. (20f. (City or town)		uniy)	(State)
	1 /	that I attended the dec		th accurred at it was to the control of the control	2_M, fram the cause ADDRESS (Street, city or Half	town, state)	saw the dec date stated a DATE S /22/60	bave
72	PHYSICIAN'S NAME (Type)	E Keste	2 7 E · Kest	may make your may make only the first from the day	k Hall, Md		(State)	
5	hard tow	n July 25,	1960 Sharpt	own Cem.	Rock Hal	1, Mary	land	
23.	Senne	the Walley	Chestertown.		UL 2 6 '60	Cuthur 8, 1		

COLUMN TO THE SECOND The second of th DESCRIPTION OF THE PROJECT and the second second second STAND TOWN golden to conand parties of the contract of Date with the said to the state of the said the the grant to the sale of

8095 **CERTIFICATE OF DEATH** Reg. Dist. No ol director, filed with I, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 5. COUNTY MARYLAND Maryland Kent Kent funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) ploods Still Pond 102 days Chestertown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 YES NO TO Kent & Queen Anne's Hospital NAME OF 4. DATE Middle Last Month Yeor DECEASED OF DEATH (Type or print) July 10 19 60 Rebecca Dulin Hepburn 莲 9. AGE {In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH completely last birthday) Months Days White Sept. 26. 1874 DIVORCED | WIDOWED [Female popers. 100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CHEM. RESEARCH SECRETAR United States Maryland Pub 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ofter Mary Alice Jackson Edward Wroth Hepburn INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address NONE Edith Hepburn . Still Pond NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH Aretriosclerotic heart disease PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Generalized arteriosclerosis vears Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Comminuted interthrochantic fracture neck of right femur YES NO TE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18) while walking 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d INJURY OCCURRED 20c. TIME OF INJURY Day, Year (County) (Slote) factory, street, office bldg., etc.) Not while of work of work Mear Still 1960 19 60 to 21. I certify that I attended the deceased from 3-30 ,that I last saw the deceased and that death occurred 2:30 p. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT 7-10-60 ACTUAL SIGNATURE pine Chestertewn, Maryland A.C. Dick PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (Rity, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slote) EMOVAL (Specify) S. 0 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR DATE 111 1 2 '60

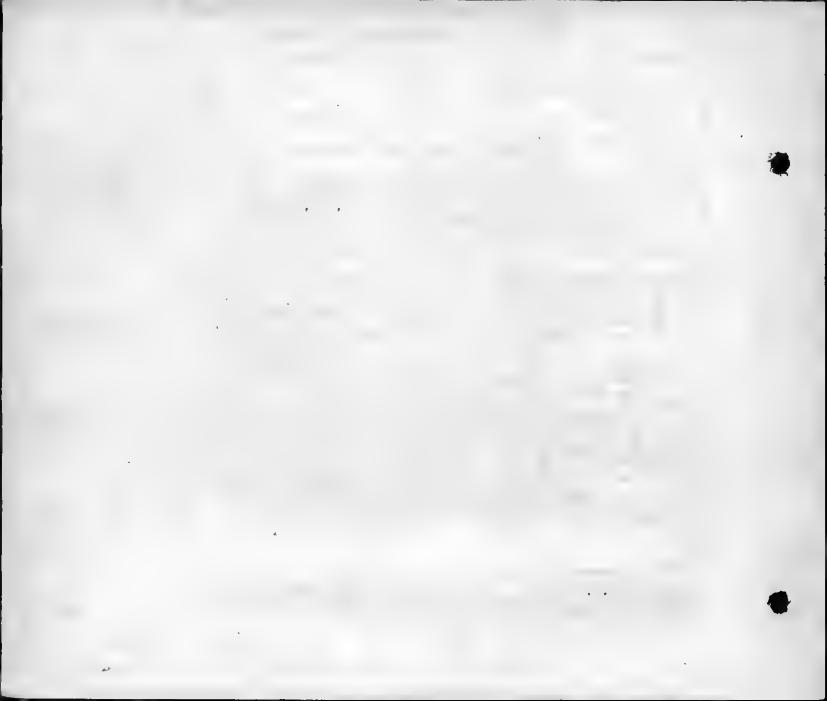
ofter death. Page

executed within 24 hours

death certificate

requires that the

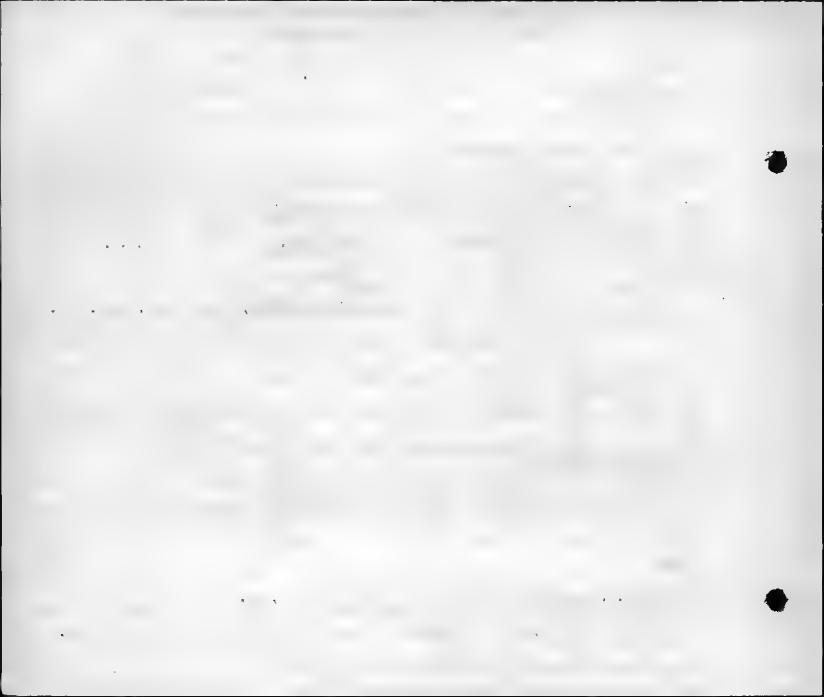
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08078 8100 CERTIFICATE OF DEATH Rea. Dist. No. director, illed with I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Kent o. STATE Md. filed **6. COUNTY** ALABYI AND Kent 0 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) JENGTH OF STAY IN 16 Rural Millington should Rural Millington d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE YES NO TO NAME OF First Middle Lost 4. DATE Month Day Year DECEASED William (Type or print) Tenkins DEATH Tulv 1960 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX R DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF LINDER 24 HPS Months Doys Hours Male Colored WIDOWED DIVORCED | September 10.1871 88 VIS 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Farm Labor Farming Maryland. U.S.A. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Unknown Hinknown 72 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (If yes, mive wer or dates of service) Clementine Tilchman. 700 Pine St. Wilm. Del. altending eose i within CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DHE TO permil. Canditions, if any, which gave rise to immediate DUE TO couse (a), sloting the underburial-transit p ond lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY CATION PERFORMED? YES NO THE 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a. n. factory, street, office bldg., etc.) While Nat while p. m. at work of work 1960 19 60 21. I certify that I attended the deceased fram. that I last saw the deceased and that death occurred at St. M, fram the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S HaHa Hamilton Millington. Md. 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BUT 1 d I (Specify) July 25.1960 Chesterville Cemeterv Rural Millington Md. 0 23...FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE UL 2 6 '60 Urthung S. Hrand

eath.

within



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8101 **CERTIFICATE OF DEATH** il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Kent Kent Md. funeral b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Rural Massey Rural Massev d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES IN NO 3. NAME OF First Middle last 4. DATE Month Year Day DECEASED OF 30, (Type or print) G. William DEATH **Tuly** 1960 Peacock 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months Male White November 5.1870 WIDOWED TO DIVORCED [yes 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)

Retired Farmer

Farming.

Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Joseph Woodall Peacock Hannah E. Whittington гетоте 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Evelyn Bingnear None ottending Massey, Md. egse 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Then 6 4 cars ever DUE TO þ permit. Canditians, if any, Which gave rise to immediate **DUE TO** cause (a), stating the underpuo tying couse tost. burial-transit PAIR IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO F 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour a. n. factory, street, affice bldg., etc.) While Not while 19 of work of work o. m. 6 Othat I last saw the deceased I certify that I attended the deceased from. and that death accurred at. CM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 200 PHYSICIAN'S NAME (Type) 22b. DATE THEREOF FUN 22a. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, ar county) (State) BUTTAL (Specify) 2, 1960 Aug. Massey Cemetery Massey. Kent Co. Md.

ADDRESS

24g, REC'D BY REGISTRAR

DATE AUG 3

246 REGISTRAR'S SIGNATURE

arihun & Kraus

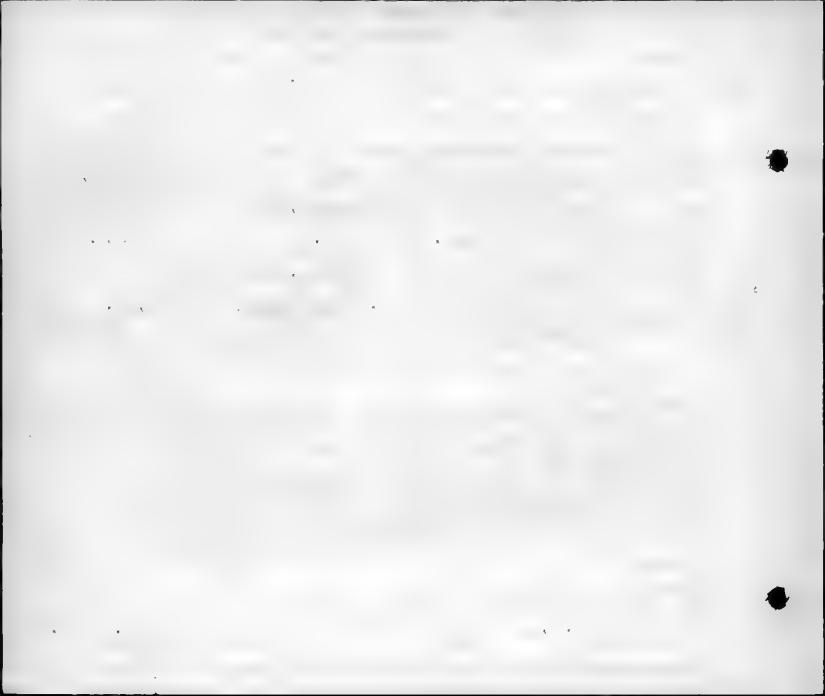
VS A1S (4 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

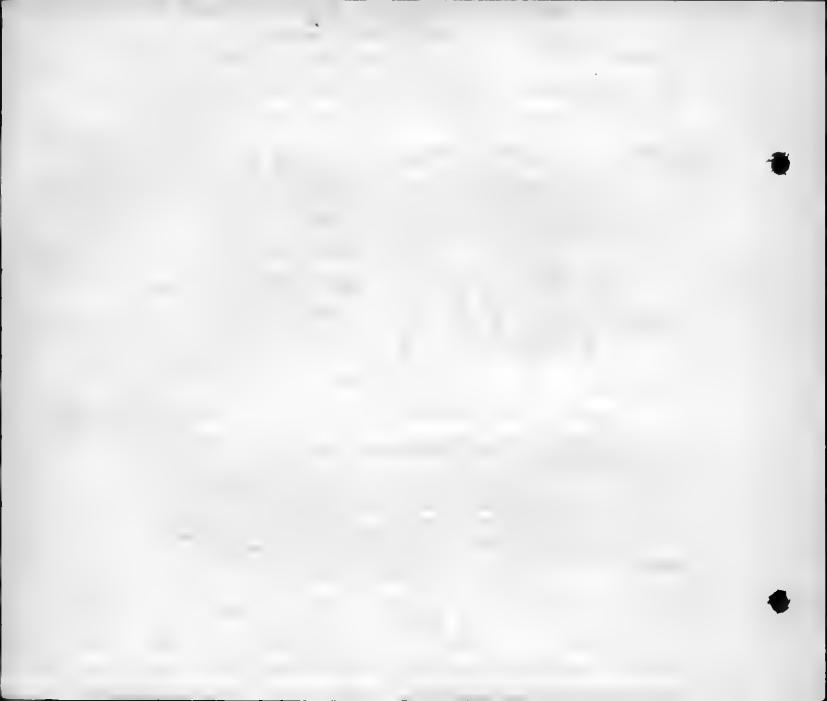
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within 2

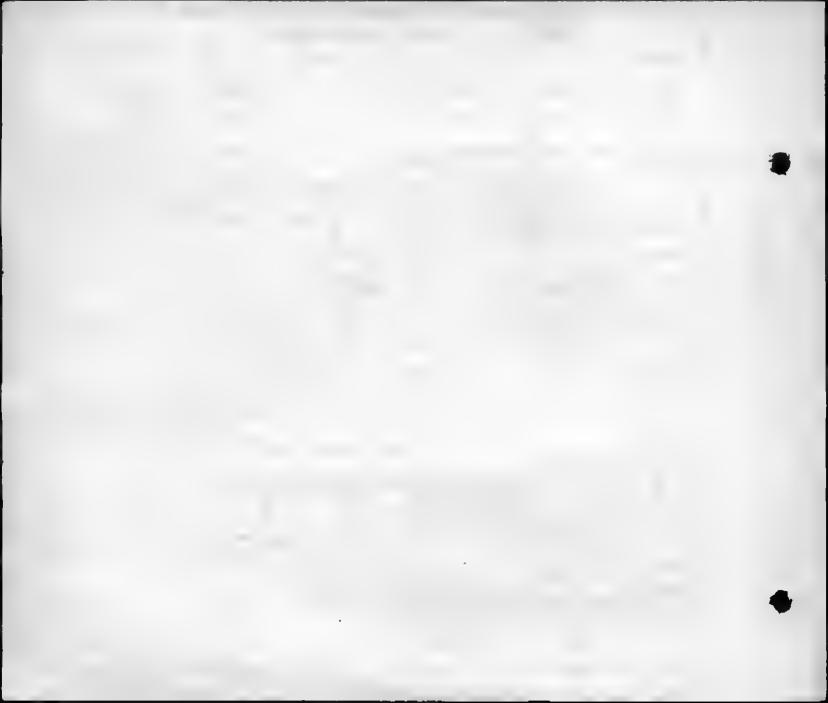
that



7			MARYLAND STATE DEPARTM	IENT OF HEALTH—BAL	TIMORE, 18	08080
			8096 CERTIFICA	ATE OF DEATH	Reg. Dist.	.,
director.		(LACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	before admission)
de de de		1	CITY OR TOWN In ourside corporate limits, write RURAL old give negrest town) CONTROL OF STAY IN 16	c. CITY OR TOWN (If outside corpo	role limits, write RURAL and giv	e nearest fawn)
by the	(1)		OR INSTITUTION CONTROL (If not in hospital, give street address) OR INSTITUTION LEW GUILD Magnification	d. STREET ADDRESS		is residence on a farm? YES NO
in 24 ho	~		NAME OF BECEASED Type or print) BAOY SIN	Powell OF DEATH		31 1960
ed with pletely ers. Po		5. 5	Feytle Watzwidowed DIVORCED	7-31-60	lost birthdoy) Months D	YEAR IF UNDER 24 HRS. Oys Hours Min
e execut and corr on pap		_	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. MOTHER'S MAIDEN NAME	12. Citiz	EN OF WHAT COUNTRY?
sicion o			JAMES Powell	FLANCESA	NN Gree	«
sth certificati ding physici ase remate		15. (Yes	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	SPITAL RECO	Address	
ne death tottend to please			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) TOTAL TOT	ten	2	INTERVAL BETWEEN ONSET AND DEATH
that if by the nit. The			Conditions, if any, which the Program of	den		
require an. sis pern			gove rise to immediate cause (a), stating the under-lying couse last.	-		
he law physici nas been rial-tran		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1	(0) 19. WAS AUTOPSY PERFORMED? YES NO
tending ifficate in the bu	0	IL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part f or Par		
PHYSH toll or of this cert or use or		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P While Not while of work at work	LACE OF INJURY (Home, form, 20f (City clory, street, office bldg, etc.)	or town) (Co	unty) (Slate)
NDING e hospi i: After iched fo			21. 1 certify that I attended the deceased fram $7-31$ alive an $9-31$, 1960 , and that deat	1960, to 2-31 h accurred at/04/PM, fran	1960,that I la in the causes and an the	
R ATTE Id by th RECTOR be deto			ACTUAL SIGNATURE COSCIL	MD. CLEST	Put Own, stole)	DATE SIGNED
etaine DIII			PHYSICIAN'S A. C. Dick			
may be open 3	2	15	BURIAL CREMATION, 22b. DATE THEREOF 220, NAME OF CEMETERY CREMOVAL (Specify) AUG. 2-60 (RUMPTO)	V Ceni. CRUI	MPTON,	(Slate):
VS A15 (4) 15M 9/55	19	23	funeral director's signature gaddress and Milleright	240. REC'D BY REGIST	RAR 24b. REGISTRAR'S SIGN	KI-LA
Novs	*)		10-X232XVI		9	



1			MARY	LAND S	TATE DEPA	RTMENT	OF HEALTH	-BALTIM	ORE, 1	8		
			809	97	CERTI	FICATE	OF DEATH	1		Reg. Dist	NS(18	3
(a)(M)	1.	LACE OF DEATH	Kent		MARY		STATE W	ere deceased five	l. If institution b. COUNTY	oni Residence I	xefare admissi	on)
ind be		CITY OR TOWN RURAL and give CHESTE		mits, write c	LENGTH OF STAY	IN 1b	CITY OR TOWN (IF	outside carparate li	mits, write RI	JRAL and give	nearest tawn]
by the fund 2 2 should			ITAL (If not in haspital.	Que street ade	1.	.b	STREET ADDRESS	Spring	Ave	2		IDENCE FARM?
N. High		NAME OF DECEASED Type or print)	SL	Find SVOU	Middle		Phodes	4. DATE OF DEATH	Jul	th V		1eor 1960
iletely s. Pop	5. 5	Femal	6. COLOR OR RACI	E 7. MARRIED	NEVER MARRIE		E OF BIRTH	60 9. Ac	GE (In years at birthday) yrs.	Months Do	EAR IF UNDE	R 24 HRS. Min. 47
nd complei	10a	USUAL OCCUPAT during most of wo	10N (Give kind of worlirking life, even if retire	k done 10b. Kil ed)	ND OF BUSINESS O	R INDUSTRY 1	MARY	or fareign country)	12. CITIZE	N OF WHAT	COUNTRY?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13.	FATHER'S NAME	Geolge.	Rhod	105	14.	MOTHER'S MAIDEN I	11 /)	oles	Wie	olas:	_
ng physicio		WAS DECEASED EV	/ER IN U. S. ARMED FO		CIAL SECURITY NO	17, INFORM	IANT		Addr	055	- Charles	
ottending n please r	Γ		EATH [Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE		far (a), (b), and (c).	h 1	Alustrai				INTERVAL BEI	DEATH
mor mar mar mar mar mar mar mar mar mar ma		Canditions, if	DUE 1		TROM		BIETH					
requires ion. en signed nsit permi		gave rise to cause (a), stating lying cause last	g the under- DUE 1	(c)			-					
is the law recome and physician e has been se has been se has been semanal, and	CATION	PART H. O	THER SIGNIFICANT CO	ONDITIONS COL	NTRIBUTING TO DEA	ATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE CON	NDITION GIV	EN IN PART I	PERFO	NO []
Ficose he bur ren	CERTIFI	200 ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATI Y MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY O	CCURRED (Ente	er nature of injury in	Part I ar Part II of	ilem 1B)			
Pritisical of or off his certifus as as semotion.	MEDICAL	20c. TIME OF INJU Haur o. m. p. m.	10	While _	JRY OCCURRED Nat while of wark	20e PLACE OI factory, st	INJURY (Home, form treet, office bldg , etc	, 20f (City or to	wn)	(Cou	nty)	(Stole)
After the formula or		21. I certify (that I attended th	ne deceased		death acco	1960, 10 pried at 3.4	M, from the		that I las		
ECTOR:		ACTUAL SIGNATURE C	Ileomas	7 80	Con	40		ADDRESS (Street,				LTE SIGNED
TAL O		PHYSICIAN'S NAME (Type)	Thomas	1.	Solon		Chester	Lown	Md.			
moy moy page 3 yaou lhe registror	220	BURIAL, CREMATI REMOVAL (Specif		EOF :	TO COC	TERY OR CREA		22d JOCATION	City, town, o	r county)	(State	1
YS.A.[5.(4)	23.	FUNERAL DIRECTO	R'S SIGNATURE	Chui	ADDRESS	,	24o. REC'	D BY REGISTRAR		TRAR'S SIGNA		
Lieras S		7	777 2	- /	V 12/					1 1	4-44	



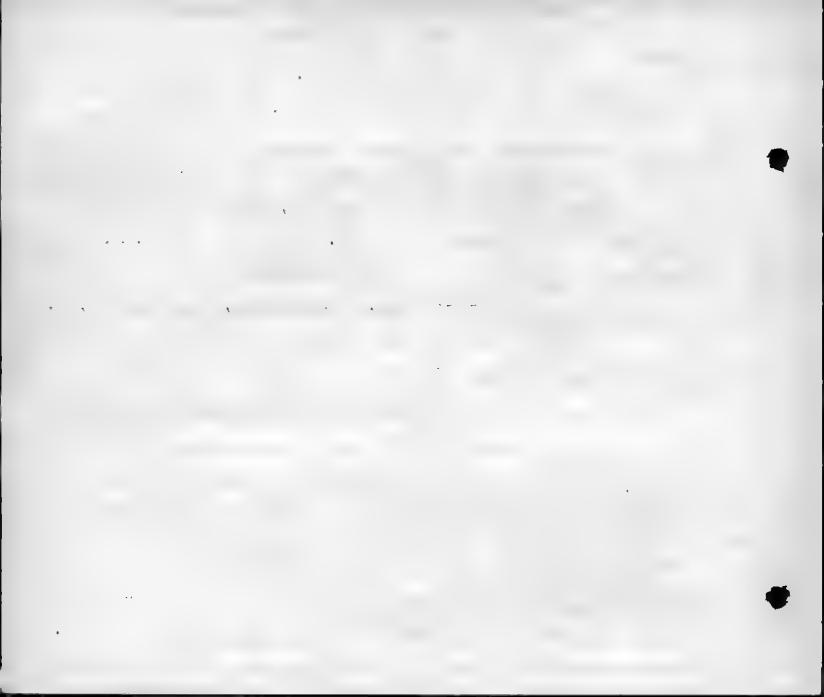
ofter death. Page

requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) ISM 9/59 8103

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08084

o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	an: Residence before admission) Kent
b. CITY OR TOWN (If autside carporate limit RURAL and give nearest town) Millington	c. LENGTH OF STAY IN 16	Still Po	autside carporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL (IF not in hospital, g	rsing Home	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO (1)
3. NAME OF DECEASED JOSEPH Frank	klin	Trusty	OF DEATH July 3	O, 1960 Year
s. SEX 6. COLOR OR RACE COLORED	7. MARRIED EVER MARRIED WIDOWED DIVORCED	s. Date of Sirth Feb. 28, 18	9. AGE (In years last birthday) 76 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired LADORET (Te	done 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Signe Mary)		USA
Joseph Trusty		14. MOTHER'S MAIDEN I		
1S. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) [If yes, give wor or dates of st	-1-4	Martha Peak	er Still	Pond, Md.
18. CAUSE OF DEATH [Enter only one con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO	Decayeun	stion of the	, learl -	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (c	, trobets ~	elity		٢
САТІС	DITIONS CONTRIBUTING TO DEATH 8			VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of item 18.)	
YOU 20c. TIME OF INJURY Month, Doy, Year Haur a. m. 19	or 20d. INJURY OCCURRED 20e. While Not while at work at work	PLACE OF INJURY (Hame, for factory, street, affice bldg., etc.	n, 20f. (City or town)	(Caunty) (State)
21. I certify that (I) (this hospital saw the deceased olive on.	V 1/7 (m)	()	An, from the causes on), 19 6, that (I) (we) last and on the date stated above.
220. SIGNATURE	rolum	M.D. PHYS. D	AED. STAFF	Dug, GO
22c. PHYSICIAN'S Geza Kora	alewski	22d. ADDRESS Milli	ngton, Maryl	and /
230. BURIAL, CREMATION, 23b. DATE THEREC 8/2/60		Cemetery	RFD Worton	or county) (State)
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Chestetown	n, Md. 25a. REC	O BY REGISTRAS 256. REGI	STRAR'S SIGNATURE

	ATTENDED			
	and do		(district	
		nus	ito.	1222
		San Still	ong a plante	144
in look is on to	gradus .	at.		
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	02/11/1		ghara a	
15 (box 1075		(KGOLEL-CEE		
	ALM THE			
				audi.
	The Marine	Anie ale aremen	Arrest A	

VS A15 (4) 15M 9/58

	810	4	CERTIF	CAT	E OF DEA	TH		Reg. Dist	0808 No.	35
1. PLACE OF DEATH o. COUNTY	Kent		MARYL	41	USUAL RESIDENCE	yland	sed lived. If instituti b. COUNTY		ent	missian)
B. CITY OR TOWN	If outside corporate lime or town	ls, write	c. LENGTH OF STAY IS lifetime	N 16		(If outside cor	porate limits, write R	URAL and gi	ve nearest t	own)
d. NAME OF HOSPI OR INSTATUTION	TAL (If not in haspital, p	give street	address)	1	d. STREET, ADDRESS RFD		gwoods)		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Samuel	E.	Washington	1	Last ~	4. DATE OF DEAT	Tasles		960	Year 19
male	6. COLOR OR RACE		RIED NEVER MARRIED		ec. 10,	1888	9. AGE (In years lost birthdoy) yrs.		YEAR IF UI	NDER 24 HRS.
10a. USUAL OCCUPATION during mast of way	ON (Give kind of work king life, even if etired Drer Lui	odane 10b.	KIND OF BUSINESS OR Yard	INDUSTRY	Virgin:	-	country)	12.CITIZ	USA	AT COUNTRY?
13. FATHER'S NAME	harles Wa	shi	ngton	1	G eorgal		rown			
15. WAS DECEASED EVE (Yes, no. or unknown)	IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO. 16-09-5209	35 -	rmant 'S. Loui:	se Wal	Llace Wo:	rton,	Md.	RFD
Conditions, if a gave rise to i cause (a), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c iny, which immediate The under DUE TO	Cor	ne for (o), (b), and (c).] ute Corons onary Arte	erios	Pulmonar sclerosi	y Eder	na		seve	eral
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CONTRIBUTING TO DEAT					VEN IN PART	PEI	AS AUTOPSY RFORMED?
20c. TIME OF INJUI	RY Manth, Day, Ye	While	NJURY OCCURRED Not while at work		OF INJURY (Hame, I , street, affice bldg.,		ity or town)	(Ca	onty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Robert W) Fa	ed fram July 3	death ac	Che	DAM, from ADDRESS estert	(Street, city ar town, OWN, Md.	nd an the state)	date sta	ted abave
BENOTAL PROCESS	7/24/60	OF //	Fountai		m. RF	D Wor		ent Co	. Md	State)
23. FUNERAL DIRECTOR	In wal	bel	Chestert	own,	Md. 24g. R	JUL 25	60 246. REGI	thun S. t		

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 19

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